

FINANCIAL FORM TO BE FILLED OUT BY ORGANIZATIONS NOT FILING FORM 990

NAME OF ORGANIZATION _____

ADDRESS _____

CITY, STATE & ZIP _____

THE FOLLOWING INFORMATION IS FOR FISCAL YEAR ENDING _____

		These columns are optional		
		(A) Total	(B) Unrestricted/ Expendable	(C) Restricted/ Nonexpendable
PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN FUND BALANCES				
SUPPORT AND REVENUE	** 1 Contributions, gifts, grants, and similar amounts received: **			
	(a) Direct public support			
	(b) Indirect public support			
	(c) Government grants			
	(d) Total (add lines 1(a) through 1(c)) (attach schedule)			
	2 Program service revenue (from Part IV, line (f))			
	3 Membership dues and assessments			
	4 Interest on savings and temporary cash investments			
	5 Dividends and interest from securities			
	6 (a) Gross rents			
	(b) Minus: Rental expenses			
	(c) Net rental income (loss)			
7 Other investment income (Describe _____)				
8 (a) Gross amount from sale of _____ Securities _____ Other _____				
assets other than inventory ...				
(b) Minus: cost or other basis and				
sales expenses				
(c) Gain (loss) (attach schedule)				
9 Special fundraising events and activities (attach schedule)				
(a) Gross revenue (not including \$ _____				
of contributions reported on line 1(a))				
(b) Minus: direct expenses				
(c) Net income (line 9(a) minus line 9(b))				
10 (a) Gross sales minus returns and allowances				
(b) Minus: Cost of goods sold (attach schedule)				
(c) Gross profit (loss)				
11 Other revenue (from Part IV, line (g))				
12 Total revenue (add lines 1(d), 2, 3, 4, 5, 6(c), 7, 8(c), 9(c), 10(c), and 11).				
EXPENSES	13 Program services (from line 44(B))			
	14 Management and general (from line 44(C))			
	15 Fundraising (from line 44(D))			
	16 Payments to affiliates (attach schedule)			
	17 Total expenses (add lines 16 and 44(A))			
FUND BALANCE	18 Excess (deficit) for the year (subtract line 17 from line 12)			
	19 Fund balances or net worth at beginning of year (from line 74(A)) ...			
	20 Other changes in fund balances or net worth (attach explanation) ...			
	21 Fund balances or net worth at end of year (add lines 18, 19, and 20) ...			

** DO NOT INCLUDE DONATED SERVICES AS SUPPORT.



PART II STATEMENT OF FUNCTIONAL EXPENSES

<i>Do not include amounts reported on lines 6(b), 8(b), 9(b), 10(b), or 16 of Part I.</i>	(A) Total	(B) Program services	(c) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
23 Specific assistance to individuals				
24 Benefits paid to or for members				
25 Compensation of officers, directors, etc.				
26 Other salaries and wages				
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses (itemize): (a)				
(b)				
(c)				
(d)				
(e)				
(f)				
44 Total functional expenses (add lines 22 through 43)				

PART III STATEMENT OF PROGRAM SERVICES RENDERED

List each program service title on lines (a) through (d); for each, identify the service output(s) or products(s) and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total.

(a)	
.....	
.....	
.....	
(Grants and allocations \$)	
(b)	
.....	
.....	
.....	
(Grants and allocations \$)	
(c)	
.....	
.....	
.....	
(Grants and allocations \$)	
(d)	
.....	
.....	
.....	
(Grants and allocations \$)	
(e) Other program service activities (attach schedule)	(Grants and allocations \$)
(f) Total (add lines (a) through (e)) (should equal line 44(B))	

PART IV PROGRAM SERVICE REVENUE AND OTHER REVENUE (STATE NATURE)

	Program service revenue	Other revenue
(a) Fees from government agencies		
(b)		
(c)		
(d)		
(e)		
(f) Total program service revenue (enter here and on line 2)		
(g) Total other revenue (enter here and on line 11)		

PART V BALANCE SHEETS

If line 12, Part 1, and line 59 are \$25,000 or less, you should complete only lines 59, 66, and 74 and, if you do not use fund accounting, line 73. If line 12 or line 59 is more than \$25,000, complete the entire balance sheet.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.

	(A) Beginning of year	End of year		
		(B) Total	(C) Unrestricted/ Expendable	(D) Restricted/ Nonexpendable
Assets				
45 Cash—non-interest bearing				
46 Savings and temporary cash investments				
47 Accounts receivable ▶				
minus allowance for doubtful accounts ▶				
48 Pledges receivable ▶				
minus allowance for doubtful accounts ▶				
49 Grants receivable				
50 Receivables due from officers, directors, trustees and key employees (attach schedule)				
51 Other notes and loans receivable ▶				
minus allowance for doubtful accounts ▶				
52 Inventories for sale or use				
53 Prepaid expenses and deferred charges				
54 Investments—securities (attach schedule)				
55 Investments—land, buildings and equipment: basis ▶				
minus accumulated depreciation ▶ .. (attach schedule)				
56 Investments—other (attach schedule)				
57 Land, buildings and equipment: basis ▶				
minus accumulated depreciation ▶ .. (attach schedule)				
58 Other assets ▶				
59 Total assets (add lines 45 through 58)				
Liabilities				
60 Accounts payable and accrued expenses				
61 Grants payable				
62 Support and revenue designated for future periods (attach schedule)				
63 Loans from officers, directors, trustees and key employees (attach schedule)				
64 Mortgages and other notes payable (attach schedule)				
65 Other liabilities ▶				
66 Total liabilities (add lines 60 through 65)				
Fund Balances or Net Worth				
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67 a. Current unrestricted fund				
b. Current restricted fund				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶)				
Organizations that do not use fund accounting, check here ▶ <input type="checkbox"/> and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income				
74 Total fund balances or net worth				
75 Total liabilities and fund balances/net worth				

PART VI LIST OF OFFICERS, DIRECTORS & TRUSTEES (LIST OFFICER, DIRECTOR & TRUSTEE WHETHER COMPENSATED OR NOT.)

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NAME AND ADDRESS	TITLE & AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (if any)	EMPLOYEE BENEFITS

PART VII COMPENSATION OF FIVE HIGHEST PAID PERSONS FOR PROFESSIONAL SERVICES

NAME AND ADDRESS OF PERSONS PAID MORE THAN \$30,000	TYPE OF SERVICE	COMPENSATION PAID

TOTAL NUMBER OF OTHERS RECEIVING OVER \$30,000 for professional services

76 Have any changes been made in the organizing or governing documents? Yes _____ No _____
If yes, attach a copy of the changes.

77 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? Yes _____ No _____
IF YES, ENTER THE NAME OF THE ORGANIZATION _____

78 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value?
Yes _____ No _____. If yes, indicate the value of these items here _____.
DO NOT INCLUDE THIS AMOUNT AS SUPPORT IN PART 1 (Support & Revenue).

79 The financial books are in the care of _____
Located at _____
Telephone number _____

UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Name of Officer _____ Date _____ Title _____

Signature of Officer _____